



Pertussis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

☐ Suspect

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Cough Cough onset date ____/____/____

☐ ☐ ☐ ☐ Vomiting due to cough (post-tussive)

☐ ☐ ☐ ☐ Coughing in sudden bursts or fits (paroxysmal cough) Onset date ____/____/____

☐ ☐ ☐ ☐ Whoop

☐ ☐ ☐ ☐ Cough at final interview

Cough duration (days) at last interview _____

Date of final interview ____/____/____

☐ ☐ ☐ ☐ Cough lasting at least 2 weeks

☐ ☐ ☐ ☐ Temporarily stops breathing (apnea)

☐ ☐ ☐ ☐ Episodes of turning blue (cyanosis)

☐ ☐ ☐ ☐ Sore throat or pharyngitis

☐ ☐ ☐ ☐ Runny nose (coryza)

☐ ☐ ☐ ☐ Seizures new with disease

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Chronic lung disease

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Pneumonia

X-ray result: ☐ P ☐ N ☐ I ☐ O ☐ NT

☐ ☐ ☐ ☐ Acute encephalopathy

☐ ☐ ☐ ☐ Admitted to intensive care unit

P = Positive
N = Negative
I = Indeterminate
O = Other
NT = Not Tested

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Ever received pertussis containing vaccine

Number of doses pertussis vaccine prior to illness: _____

Dose 1 Type: _____ Date received: ____/____/____

Dose 2 Type: _____ Date received: ____/____/____

Dose 3 Type: _____ Date received: ____/____/____

Dose 4 Type: _____ Date received: ____/____/____

Dose 5 Type: _____ Date received: ____/____/____

Dose 6 Type: _____ Date received: ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Vaccine up to date for pertussis

Vaccine series not up to date reason:

☐ Religious exemption

☐ Medical contraindication

☐ Philosophical exemption

☐ Previous infection confirmed by laboratory

☐ Previous infection confirmed by physician

☐ Parental refusal

☐ Other: _____ ☐ Unknown

Laboratory

Collection date ____/____/____

Source _____

P N I NT O

☐ ☐ ☐ ☐ ☐ B. pertussis culture (clinical specimen)

☐ ☐ ☐ ☐ ☐ B. pertussis PCR

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to determine probable exposure and contagious periods

Days from onset:

Exposure period

-21 -5

o
n
s
e
t**Contagious period***

Contagious from symptom onset to 21+ days after start of paroxysmal cough

Calendar dates:

* If treated, ≤5 days after initiation of effective antibiotic therapy

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Destinations/Dates: _____
- ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
- ☐ ☐ ☐ **Epidemiologically linked directly to a culture or PCR confirmed case**
- ☐ ☐ ☐ Contact with lab confirmed case
 Age of person from whom this case contracted pertussis: _____ days / months / years
- ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Work or volunteer in health care setting during exposure period
 Facility name: _____
- ☐ ☐ ☐ ☐ Visited health care setting during exposure period
 Facility name: _____
 Number of visits: _____ Date(s): ____/____/____
- ☐ ☐ ☐ ☐ Exposure setting identified:
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel
☐ Other, specify: _____ ☐ Unknown

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified☐ Patient could not be interviewed**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
 Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: _____
- ☐ ☐ ☐ ☐ Second antibiotic given Name: _____
 Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Work/volunteer in health care setting while contagious: Facility name: _____
- ☐ ☐ ☐ ☐ Visited health care setting while contagious
 Facility name: _____
 Number of visits: _____ Date(s): ____/____/____
- ☐ ☐ ☐ ☐ Face to face contact with newborns, unimmunized children, women > than 7 months pregnant or others at risk for severe complications
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Documented transmission from this case
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home ☐ Work
☐ College ☐ Military ☐ Correction facility
☐ Church ☐ International travel
☐ Other: _____ ☐ Unk

PUBLIC HEALTH ACTIONS

- ☐ Prophylaxis of appropriate contacts recommended
 Number of contacts recommended prophylaxis: _____
 Number of contacts receiving prophylaxis: _____
 Number of contacts completing prophylaxis: _____
- ☐ Exclude case from sensitive occupations or situations until 5 days of treatment complete or for 21 days
- ☐ Exclude susceptible close contacts under 7 years until 5 days of treatment completed or for 21 days
- ☐ Other Specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____